

Status: Finalized

I. Center Identification

Organization Name: EVANSVILLE SURGERY CENTER, GATEWAY

Street Address: 4133 Gateway Blvd.

City: Newburgh

County: Warrick

Administrator Name: Cathy Head

Administrator Email: CathyHead@evansvilleSurgeryCenter.com

ASC Web Address: EvansvilleSurgeryCenter.com

Fiscal Year: 2016

Accredited: • Yes • No

Name of Accrediting Body: HFAP

Deemed Status: • Yes • No

Corporate Tax Status: • For Profit • Non Profit

II. Identification of Surgical Resources

Number of operating rooms	5	
Number of procedure rooms	0	

III. Utilization Statistics

A. Total Patients and Procedures				
Time Period	Number of Patients	Number of Procedures		
Persons Served in twelve-month period	3764	4189		
B. Ten Most Frequent Surgical Procedures Perfe	ormed			
CPT Code		Total Procedures		
29881		334		
64415		288		
64721		214		
69436		197		
29822		187		
29826		179		
20610		163		

29827	127
47562	114
58558	112

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following	12
a surgical encounter.	